



Inland Revenue
Te Ūn Tāke

Tax code declaration

IR330
June 2024

Use this form if you're an employee receiving salary or wages, or you receive a main benefit or NZ superannuation. If you're a contractor using WT tax code, use the **Tax rate notification for contractors - IR330C** form.

Employee Give this completed form to your employer.

If you receive a main benefit or NZ superannuation, give this form to Work and Income.
If you do not complete sections 1, 2 and 3, your employer must deduct tax from your pay at the non-notified rate of 45% (plus earner's levy).

1 Your details

First name(s) - in full

Family name

CHEYNE JUSTIN

MARRA

IRD number

(8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

057036532

2 Your tax code

- You must complete a separate tax code declaration for each source of income.
 - Choose only 1 tax code per source of income.
- Use the flowcharts on the next page to help work out the right tax code to use.

Enter your
tax code here

M

3 Declaration

Signature

C. J. MARRA

19/02/2026
Day Month Year

Employer You must keep this completed IR330 form for your business records for 7 years following the last wage payment you make to the employee.

When an employee gives you this form, you must change their tax code, even if you have been given different advice in the past.

Privacy

Meeting your tax obligations means giving us accurate information so we can assess your liabilities or your entitlements under the Acts we administer. We may charge penalties if you do not.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

You can ask to see the personal information we hold about you and correct any errors, unless we have a lawful reason not to.

Contact us on 0800 377 774 for more information. For full details of our privacy policy go to ird.govt.nz/privacy



Inland Revenue
Te Tari Taake



KS2 0920

KS2
February 2026

KiwiSaver
Poua he Oranga

KiwiSaver deduction form

Do not send this form to Inland Revenue. This form should be kept by your employer with your employment records.

KiwiSaver Act 2006

Use this form to provide your details to your employer if you are:

- starting new employment
 - an existing employee and want to opt into KiwiSaver
 - a KiwiSaver member and want to change your contribution rate.
- To be eligible to join KiwiSaver you must:
- Live, or normally live in New Zealand; and
 - be a New Zealand citizen, or entitled to stay in New Zealand indefinitely.
- You are not required to be auto enrolled when starting a new job if you are under the age of 18 or you are over the age of eligibility for New Zealand Superannuation (currently 65).

Please read the notes on the back to help you fill in this form

Section A

General Please put a dash to indicate your situation eg —

1. Are you a KiwiSaver member? ☐ Yes Go to Question 2 ☐ No Go to Question 4
 2. Are you on a savings suspension? ☐ Yes See note below ☐ No Go to Question 4
 3. Are you on a temporary rate reduction from 1 April 2026? ☐ Yes See note over the page ☐ No Go to Question 4
- If you have a savings suspension notice you must show it to your employer to prevent them making KiwiSaver deductions.
If you have lost your notice, you can get a replacement online at ird.govt.nz from your myIR account.

Section B

Personal details Please use BLOCK LETTERS
You must provide your IRD number, name and address.

4. Your IRD number 057036532 If you do not know your IRD number or you do not have one, call us on 0800 549 472
 5. Your name

Put a dash to indicate your title

Mr Mrs Miss Ms Other

CHEYNE JUSTIN
- First names

6. Your postal address

Surname MARK
Street number 54
Street address or PO Box number ALBERT
Suburb, box lobby or RD HAMPSHIRE
Town or city ASTBURY

Postcode 7700

7. Your contact numbers

Day

Mobile 0211695589

8. Your email address

cmopub@gmail.com

If you give an email address you may receive KiwiSaver information by email

Section C

Contributions

9. Choose a contribution rate: ☐ 3% ☐ 4% ☐ 6% ☒ 8% ☐ 10%
- If you do not choose a rate, the default rate of 3% will be deducted.

10. I declare that the information I have provided on this form is true and correct.

Signature

CMOPUB

Date

23/2/2026

Please give this completed form to your employer